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**FACSIMILE TRANSMISSION COVERSHEET**

DATE: July 26, 2007  
TO: Examiner Surekha VATHYAM  
Group Art Unit 1753  
Mail Stop Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450  
RE: U.S. Patent Application No. 10/731,420  
Filed: December 8, 2003  
Confirmation No.: 3941  
Attorney Docket No.: 5010-239  
FROM: Leonard D. Bowersox  
FAC. NO.: (571) 273-8300

**NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 14**

Items Attached: Transmittal Form 1 Page  
Fee Transmittal Form 1 Page  
Request for One-Month Extension of Time 1 Page  
Amendment 9 Pages  
Terminal Disclaimer 1 Page

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Virginia J. Byers  
Name (Print)

Signature

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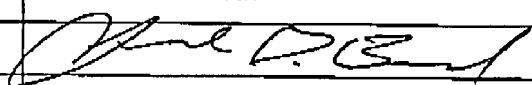
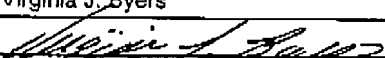
PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/731,420
		Filing Date	December 8, 2003
		First Named Inventor	Timothy M. WOUTENBERG
		Group Art Unit	1753
		Examiner Name	Surekha VATHYAM
Total Number of Pages in This Submission	13	Attorney Docket Number	5010-239
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Acknowledgement Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Request for Corrected Filing Receipt with copy of Filing Receipt Marked in Handwriting	Remarks
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Leonard D. Bowersox		
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Date	July 26, 2007		
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Type or printed name	Virginia J. Byers		
Signature		Date	July 26, 2007

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PTO/SB/17 (12-04)

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Effective on 12/8/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2006****Complete if Known**

Application Number	10/731,420
Filing Date	December 8, 2003
First Named Inventor	Timothy M. WOUDEBERG
Examiner Name	Surekha VATHYAM
Art Unit	1753
Attorney Docket No.	5010-239

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$250.00)

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number 01-2213 Deposit Account Name: Applied Biosystems
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
16	- 20 or HP = 0	x \$50	= 0			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
1	- 3 or HP = 0	x \$200	= 0			
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

	Fees Paid (\$)
Terminal Disclaimer Fee	130.00
Petition for One-Month Extension of Time Fee	120.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	33,226	Telephone	703-385-9688
Name (Print/Type)	Leonard D. Bowersox	Date	July 26, 2007		

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